

HOME AND COMMUNITY BASED MEDICAID WAIVER CERTIFICATION REPORT

MAGIC CITY ENTERPRISES

September 6-8, 2006

SITE REVIEW TEAM:

Joshua Gartrell, Program Integrity, QMRP – Lead Surveyor
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Survey Outcome: One-Year Certification, Expires October 30, 2007.

OVERVIEW OF STANDARDS

Home and Community Based Services (HCBS) Waiver providers are required to meet specific sets of standards to assure that the quality of services and the health and safety of persons receiving services are maintained and monitored. First, all Medicaid providers are required to adhere to Wyoming Medicaid rules and regulations. In addition, the Wyoming Developmental Disabilities Division (DDD) requires that Home and Community Based Services Waiver providers serving three or more individuals must obtain and maintain the Commission on Accreditation of Rehabilitation Facilities' (CARF) accreditation. The Centers for Medicare and Medicaid Services (CMS), who approve the waivers and have monitoring responsibilities, have developed the HCBS Quality Framework to provide additional guidance to states in how CMS will monitor HCBS Waivers. Finally, the Developmental Disabilities Division has developed specific rules, policies and procedures to assure that providers meet applicable Federal, State and Division requirements.

SURVEY SUMMARY

The Developmental Disabilities Division has oversight responsibilities for three home and community based waivers: the Adult Developmental Disabilities Waiver, the Children's Developmental Disabilities Waiver, and the Acquired Brain Injury Waiver. The Program Integrity Unit of the Division annually monitors and recertifies all CARF accredited organizations. The survey and recertification process continues to focus on standards that pertain to health, safety and the rights of persons served. This recertification process requires an on-site visit to the organization and includes the following elements:

- Review of development and implementation of plans of care for a random sample of persons served to assure that plans of care adequately describe the persons' service and support needs and that plans are being followed by all staff
- Review of documentation, including policies and procedures, emergency drills, internal and external inspections, incident reports, staff notes, billing, schedules and case management documentation
- Interviews with persons served, families, guardians and provider staff
- Follow-up visits to persons served involved in critical incidents or who have significant changes in health or health concerns
- Verification that appropriate levels of services are in place for persons served who have received a forced rate, which is a rate higher than the individual budget amount (IBA)

Included in this report is an overview of the provider agency that was surveyed, Magic City Enterprises Habilitation Services, Inc. (Magic City Enterprises), a more detailed description of each focus area of the survey and a summary of the standards that pertain to that area. Following each summary of the standards are the findings of the survey, including exemplary practices, suggestions and recommendations. The site survey process included visits to the homes, day habilitation programs, employment settings, and other service settings of persons served to observe services being provided and to verify that appropriate health and safety supports were in place in these settings.

PROVIDER SUMMARY

Magic City Enterprises began providing direct children's services through the HCBS Waiver in July, 2006. Since that time we have provided Respite and Residential Habilitation Trainer services to ten individuals. These services have been designed to meet the specific needs of the child and family and have included after school and evening training in the home and community and after school respite, summer respite, evening respite in the home and weekend training.

The Summer Respite program was started in summer of 2006. The program started out small with four children involved. The children received 1:1 Respite services, integrated with Residential Habilitation Training services on various days. Services were based from MCE's facility at 1750 Westland Rd. The "Child Waiver" room was redecorated by staff and the children to be bright and welcoming and to provide a safe, interactive environment for the children. However, the majority of the services were

provided in the community. Children spent time in the parks, museums, movies, mall and shopping, library, Terry Bison Ranch, Frontier Days activities, swimming and other activities which they or their families requested. While in the facility they were involved in craft projects, summer time learning and reading projects and play activities. Families and children expressed high levels of satisfaction with the summer program and plan to participate in 2007. Word has spread and we have already had inquiries about expanding the program next year.

After school and vacation respite began in August, 2006. Three children have currently signed up for this program and we have referral from one other person. The same model of service will be utilized for after school respite as in the summer.

We are delighted to be a new provider of direct children's services and plan to continue and expand this program as demand dictates.

DEVELOPMENT AND IMPLEMENTATION OF INDIVIDUAL PLANS OF CARE (IPCS)

1. Applicable Standards

The IPC is written by the person's served case manager with input from the person's team. The plan includes specific information on a person's wants and needs, medical supports, mealtime guidelines, positioning and adaptive equipment needs, behavioral needs, rights, goals and supervision/staffing levels. The IPC is the guide for how services should be provided and monitored.

Providers are required to provide services based on the individual plans of care (IPC) for persons served, which is considered a legal document created by the team (*Chapter 34 Medicaid Rules, Adult, ABI Provider Manual*).

Individually-selected service coordinators (ISCs) are required to submit complete plans of care to the Division in a timely manner to assure there is no disruption in service delivery or reimbursement (*ISC Rules*).

2. Description of Survey Process

A random sample of persons served names is selected before the site survey and their IPCs are reviewed to identify what services and support should be in place. During the on-site survey, the persons served are visited in various service settings, including residential, day habilitation, and employment. Persons served and/or their families, provider staff, and case managers are interviewed.

Persons' served files are also reviewed. Details of the review are below:

- Incident reports are reviewed to determine if incidents met the criteria of the Division's Notification of Incident Process, to identify any trends in health or safety, and to verify that incidents were appropriately handled by the organization. (*DDD Notification of Incident process, CARF Section 1:E: 10, ISC Rules*)
- Case Management documentation is reviewed to verify that the required monthly home visits were completed, the case manager documented at least an hour of direct contact with the person served/guardian for the month, the team meeting minutes included appropriate team members and included discussion of progress on goals, concerns and action steps for team, and the documentation including monitoring of services including identification and follow-up of concerns when appropriate. (*ISC Rules, Adult, Children, ABI Waiver Manuals, Adult, Children, ABI Waiver Documents, CARF Section 2:A: 10*)
- Universal objective pages are reviewed to verify that the objectives were measurable, meaningful to the person served, and that progress on objectives was documented and tracked. (*Adult, ABI Waiver Manuals*)
- Emergency information is reviewed to verify that the information is current, comprehensive, and available to staff in case of an emergency. (*CARF Section 1:E: 9*)

- Schedules are reviewed to verify that they are being followed, that they include documentation of outings and activities that link back to the interests of the person served when applicable, and that the schedule matches the original schedule submitted to the Division for approval. (*Adult, ABI Waiver Manuals*)
- Documentation for specific services are compared to the billing records for that service to verify that documentation standards are followed and that the provider billed for the appropriate number of units. (*Medicaid rules, Adult, ABI, Children's Waiver Manuals, CARF Section 1.1.6 & 7*)

Division Waiver Specialists are asked to provide a summary of the plans submitted to the Division by the provider organization's ISCs to determine if there are any significant problems with development and submission of plans of care.

3. Results of Review of MCE's Development and Implementation of IPCs

DD reviewed six participants' files that were randomly selected. DD contacted participant A's guardian who expressed satisfaction with services provided. The remaining review was satisfactory. Participant A's guardian did not know that they were allowed to invite any person to the team meetings. Participant B's review contained no concerns. Participant E an incident report was found that the client was self-neglecting where staff noted they became physically sick in his residence. A critical incident should have been filed with DDD. Also, the request of a team meeting by administration was not followed through by the team. Participant F it was noticed that four units of Residential Habilitation Training in June 2006 Residential Habilitation Training was under-billed. DD also contacted Participant F's mother, who was very pleased with services and how staff go out of their way to meet his needs.

During interviews with ISC's it was found that ISC's are not monitoring actual participant schedules and their daily progress. DD staff were told that ISC's are only monitoring through a tracking sheet of the units from the accounting office. Survey staff noted that MCE has an exemplary practice for conducting PLUS & HIP assessments annually to ensure the provider is able to give the best service in the client's interest. It was also found to be an exemplary practice that monthly progress reports for each participant is submitted to the ISC.

Other DD staff gave feedback on MCE's development of IPC's. An Adult Waiver Specialist said that some of the newest case managers are submitting some of the best plans of care. The AWS also said that if ISC's could research their questions first it would save them both time. One of our managers said, in reviewing the IPC's, the corrections required were minimal and ISC's are trying to abide by the Divisions rules and standards.

Exemplary Practice:

- Survey staff noted that MCE has an exemplary practice for conducting PLUS & HIP assessments annually to ensure the provider is able to give the best service in the client's interest.
- It was also found to be an exemplary practice that monthly progress reports for each participant is submitted to the ISC.

Suggestions:

- None.

Recommendations:

- It is recommended that MCE do a claims adjustment for June 2006 Residential Habilitation Training that was under-billed for participant F.
- It is recommended that ISC's monitor actual participant schedules and daily progress, not just an accounting of units billed. This will be checked at next year's site survey.
- It is recommended that MCE consistently inform participants and their guardians that any person of their choosing may come to team meetings. Person A's guardian did not know that they were allowed to invite any person to the team meetings. The documentation for what action was taken by Magic City Enterprises will be sent to the lead surveyor at the Division by December 15, 2006.

BILLING DOCUMENTATION

1. Applicable Standards

All providers providing services on home and community based waivers must be able to present substantiation of billing for services they are providing (*Medicaid rules, Adult, Children, ABI Waiver Documents, Adult, Children, ABI Waiver Manuals*).

2. Description of Survey Process

Documentation for specific services are compared to the billing records for that service to verify that documentation standards are followed and that the provider billed for the appropriate number of units. (*Medicaid rules, Adult, ABI, Children's Waiver Manuals, CARF Section 1.1.6 & 7*)

3. Results of Review of Magic City Enterprises' Billing Documentation

A sample of billing and documentation of services for case management, residential habilitation, day habilitation, respite care, skilled nursing, and occupational therapy were reviewed for the past 6 months. During participant C's review, it was found that documentation of services provided during Day Habilitation was not correctly signed for February 16, 2006. DD contacted participant D's guardian who was satisfied with services provided. Also, during file review for participant D, it was noted that the ISC was incorrectly documenting services provided. (Labeling 'Residential Habilitation' as 'In Home Support', and vice versa.)

Exemplary Practice:

- None.

Suggestions:

- None

Recommendations:

- It is recommended that Day Habilitation documentation match the services provided. This will be checked at next year's site survey.
- It is recommended that ISC documentation match the services provided. This will be checked at next year's site survey.

STAFF QUALIFICATIONS AND TRAINING

1. Applicable Standards

All providers providing services on home and community based waivers are required to meet specific qualifications depending on the service they are providing (*Medicaid rules, Adult, Children, ABI Waiver Documents, Adult, Children, ABI Waiver Manuals*).

CARF accredited provider organizations are required to assure that staff receive the training and support needed to work successfully with persons served (*CARF Section 1. F.4*).

The Developmental Disabilities Division also requires, background checks for staff working directly with persons served and, for the Adult DD Waiver, that providers document each direct service staff member's training on the following issues for each person served he/she works with:

- Medication monitoring/administration
- Adaptive equipment
- Positioning needs
- Special diet
- Behavior plan protocol

2. Description of Survey Process

Surveyors review staff files for the following:

- Results of background checks

- Verification of staff qualifications
- Current CPR/1st Aid certification
- Verification that client specific training was completed if required

3. Results of Review of Magic City Enterprises' Staff Qualifications and Staff Training

Surveyors reviewed a sample of MCE's staff files and interviewed staff to verify that the standards are being met. All staff files (8 of 8) had verification that the staff met the qualifications for the services they were providing. All staff files requiring background checks were verified. Four of six staff, that are required, had current CPR/1st Aid certifications. Four of four staff files that are required to have client specific training were verified.

In addition, five staff were interviewed to determine if they had a solid working knowledge of the persons served. The staff was well versed in articulating the needs of the people they were working with, including medical, behavioral and health/safety services and supports the persons required.

Exemplary Practice:

- MCE's training philosophy and training center is an exemplary practice for the staff, which is also open and available to the participants.

Suggestions:

- None.

Recommendations:

- It is recommended that MCE follow their policy for CPR/1st Aid for all staff that are required to obtain and verify their certification. This will be checked at next year's site survey.

INCIDENT REPORTING

1. Applicable Standards

CARF Standards require that the organization define a system to report critical incidents that includes specific categories of incidents. The Developmental Disabilities Division further requires that that critical incidents be reported to the Division, as well as to the Department of Family Services, Wyoming Protection and Advocacy, the guardian, the Individually-selected Service Coordinator and the police (if there is a suspicion that a crime has been committed) immediately after assuring the health and safety of the individual. CMS' HCBS Quality Framework includes a review of critical incident management, with the desired outcome that there are systemic safeguards in place to protect participants from critical incidents and other life-endangering situations.

2. Survey Process

The survey process included the following reviews to assess if the provider is meeting the standards.

- A review of the provider organization's incident reporting policy and procedure to assure that it includes the Division Notification of Incident process, including reporting criteria, timeframes and notification processes
- A review of internal incident reports and reports submitted to the Division to assure that all incidents are reported according to the standards and that action steps are taken to address incidents
- Interviews with provider staff in all applicable service settings to determine if they are aware of the appropriate steps to take if an incident occurs

3. Results of Review of MCE's Incident Reporting

Six persons served incident reports were reviewed. Participant E an incident report was found that the client was self-neglecting where staff noted being physically sick in his residence. A critical incident should have been filed with DDD. MCE policy and procedure includes the Divisions notification of

incident reporting process and the time frames for reporting incidents. However, their policy does not include all of the reportable categories, nor does it include all of the parties required to be notified. During staff interviews, only three of nine staff had a comprehensive understanding of the requirements for the Division's incident report.

Exemplary Practice:

- None.

Suggestions

- None.

Recommendations

- It is recommended that MCE file a notice of incident for participant E where a MCE incident report was found that the client was self-neglecting where MCE staff noted being physically sick in his residence. This will be submitted online to the Division's Incident Reporting website at the time of the receipt of this report.
- It is recommended that MCE's policy on incident reporting include all reportable categories and agencies required to be notified. This documentation will be sent to the lead surveyor at the Division by December 15, 2006.
- It is recommended that MCE conduct staff training on the Division's notice of incident, including the electronic submission online. The documentation for the action taken by Magic City Enterprises will be sent to the lead surveyor at the Division by December 15, 2006.

REVIEW OF RIGHTS OF PERSONS SERVED

1. Applicable Standards

Providers are required to promote persons served rights, including the right to privacy, the right to be free from abuse, neglect, exploitation, and the right to confidentiality of information. In addition, providers are required to communicate the rights of persons served in a manner that is meaningful to the person, and to investigation potential violations of rights (*Waiver Manuals, CARF Section 1.D.3.*)

2. Survey Process

Surveyors review the written summary of rights provided to persons served and their families and interview persons served and families to determine if there are any concerns with rights violations. Surveyors also interview provider staff to assess staff knowledge of rights. Services are observed to determine if there are any observable violations to rights.

3. Results of Review of Magic City Enterprises' Rights of Persons Served

MCE's policy was reviewed; it includes a list of rights. MCE does inform participants upon admission to services.

However, only three of six staff were able to describe the rights restrictions of the person served they were working with.

Exemplary Practice:

- None.

Suggestions:

- It is suggested that MCE revise their client handbook to include a signature page for participants to sign when they have been informed and understand their rights.

Recommendations:

- It is recommended that MCE train staff effectively on client specific rights restrictions. Please send the syllabus and roster to the Lead Surveyor at the Division by December 15, 2006.

REVIEW OF COMPLAINT/GRIEVANCE POLICY

1. Applicable Standards

Providers' complaint/grievance policy should include efforts to resolve complaints, a procedure on how the process is explained to persons served, timeframes for resolving complaint, and how the results of the investigation into a complaint are communicated to persons served. (*CARF Section 1.D.4 & 5.*)

2. Survey Process

Surveyors review the provider's written complaint/grievance procedure to assure it meets the requirements. Persons served, families and staff members are interviewed to determine if they are aware of the complaint/grievance policy.

3. Results of Review of Magic City Enterprises' Complaint/Grievance Policy

MCE's grievance policy was reviewed in the policy book. The policy was well written and includes the appropriate elements including timeframes and is written so that persons served and families can clearly understand what should happen when they file a complaint. However, during staff interviews it was unclear if participants were regularly being reminded of this right and the process they would need to take.

Exemplary Practice:

- None.

Suggestions:

- None.

Recommendations:

- It is recommended that MCE consistently review with participants the complaint and grievance policy and process. The documentation for the plan Magic City Enterprises will implement shall be sent to the lead surveyor at the Division by December 15, 2006.

DOCUMENTATION OF EMERGENCY DRILLS AND INSPECTIONS

1. Applicable Standards

CARF accredited providers are required to have written emergency plans for fires, bomb threats, natural disasters, power failures, medical emergencies and safety during violent or other threatening situations and that these plans be tested. Providers are also required to obtain an external inspection from an outside authority annually, and to complete internal self-inspections twice a year. (*CARF Section 1.E.1 & 2*) The Centers for Medicare and Medicaid Services requires that the safety and security of the participant's living arrangement is assessed, risk factors are identified and modifications are offered to promote independence and safety in the home. There are safeguards in place to protect and support participants in the event of natural disasters or other public emergencies (*CMS HCBS Quality Framework*).

2. Survey Process

Surveyors review documentation of emergency drills and inspections for a sample of service settings owned or operated by the organization. The review includes assuring that the drills and inspections are completed, that there is documentation of concerns when appropriate, and that follow-up on concerns is completed. Surveyors also interview persons served and staff members to assure that they are aware of the appropriate evacuation/drill procedures and visit service settings to assure there are no significant health or safety concerns at the service sites.

3. Results of Review of Magic City Enterprises' Emergency Drills and Inspections

MCE's documentation of inspections were comprehensive and addressed most aspects of the standards. However, they lacked documentation of follow-up when identified. Five of the five locations reviewed

had documentation of external inspections complete. Concerns were identified when appropriate and the follow-up on these concerns were addressed.

Five of five locations had documentation of internal inspections completed. Five out of the nine internal inspections reviewed included concerns, when appropriate. However, only two of the five had follow-up documented.

Five of five locations reviewed had documentation for emergency drills complete. Three of 25 drills have concerns documented, when appropriate. However, only one of the three drills had follow-up on the identified concerns.

Exemplary Practice:

- None.

Suggestions:

- It is suggested that MCE modify their current inspection and drill forms to include a place for documentation for follow-up.

Recommendations:

- It is recommended that MCE consistently follow-up with internal inspections and emergency drills that have identified concerns. This will be checked at next year's site survey.

PROGRESS MADE ON PREVIOUS YEAR'S RECOMMENDATIONS FROM DDD'S SITE SURVEY
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1. It is recommended that MCE train all staff on the DDD's Notice of Incident process included in MCE's incident reporting process.
 - It is again recommended, see page (6-7)
2. It is recommended that MCE train all staff on the rights and restrictions on the persons they serve.
 - It is again recommended, see page (7-8)
3. It is recommended that MCE revise their Complaint/Grievance policy to include how it is shared with the person served and their written notification of actions.
 - Complaint/Grievance policy was revised.
4. It is recommended that MCE develop a system or improve their current protocol for ensuring follow up to concerns when appropriate for their emergency drills.
 - It is again recommended, see page (8-9)
5. It is recommended that concerns be followed-up on when noted from internal inspections.
 - It is again recommended, see page (8-9)
6. Persons served at the Greenview Apartments were not concerned about strangers and readily invited people in without asking whom visitors were and why they were there. Although the site survey team was informed that training was already taking place, it is recommended that MCE train the persons served at the Greenview apartments about stranger awareness and safety.
 - Participants are being well trained by using "train the trainer" technique.
7. At the Shaun Group Home there was an unlocked closet with a sign that stated it must be locked due to the contents of the closet. It is recommended that MCE train the staff at the Shaun Group Home about keeping the hazardous closet locked.
 - Closet in question was locked.
8. Also noted at the Shaun Group Home was a bedroom that was cluttered to the point that it could potentially be a health and safety issue, particularly when attempting a fire escape. It is recommended that MCE assist the person served to clean up the clutter in his room.
 - All bedrooms were reasonably clean and no concern about ability to evacuate.
9. At the Sycamore Group Home the sidewalk, ramp and steps are crumbling from age. It is recommended that MCE create a plan of action to repair the steps, ramp and sidewalk to this home.
 - Some of the concerns identified have been addressed and repaired. However, it is again recommended that the entry for the Sycamore Group Home be completely repaired to ensure health and safety.

10. There was also a strong urine odor that was readily detectable throughout many areas of the Cleveland Group Home. It is recommended that the source of this odor be identified, cleaned, and any problems that could be the cause of this odor, be remedied.
- MCE shampooed carpets and used black lights to identify the source of the urine. The urine odor is still detected at the front door. It is suspected that a local cat is the source of the problem.

PROGRESS MADE ON RECOMMENDATIONS FORM CURRENT CARF ACCREDITATION THAT PERTAINS TO HEALTH, SAFETY, OR RIGHTS
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MCE received their CARF survey on June 26-28, 2006. In the CARF report there are six health and safety concerns identified. DDD staff noted that many of the concerns have already been addressed by MCE.

Exemplary Practice:

- None.

Suggestions:

- None.

Recommendations:

- It is recommended that all follow-up to the CARF report, likewise be submitted to DDD. This documentation shall be sent to the Lead Surveyor by November 1, 2006.

RESULTS OF FOLLOW-UP VISITS (IR & ECC)

In addition to the survey areas describe above, surveyors also complete follow-up visits with persons served who have been involved in a critical incident, who have significant health or safety concerns, or who have been funded at a rate higher than the individual budget amount due to critical health or safety needs. These visits focus on assuring that the person is receiving adequate services and supports. These visits are part of the on going monitoring the Division is required to complete. Surveyors found that all persons served who had been involved in critical incidents were doing well and had received adequate follow-up. All of the participants who received ECC funding were utilizing approved services appropriately.

During follow-up on previously filed incident reports, DD staff discovered that MCE is not consistently documenting any follow-up for critical incidents.

Exemplary Practice:

- None.

Suggestions:

- It is suggested that MCE implement a consistent method for all staff documenting their follow-up on critical incidents. This is checked annually as part of the normal site survey process.

Recommendations:

- None.

RESULTS OF OBSERVATION OF SERVICES AND SUPPORTS
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DD surveyors completed 15 of client interview and 10 of client observations. Surveyors also completed 18 of staff interviews. DD staff had a total of 63 contacts with MCE staff and clients. Surveyors also interviewed two guardians and one family member of participants. Survey staff observed services in Day Habilitation, Residential Habilitation, Respite for Children, and Vocational Services.

Survey staff also inspected four vehicles, of which there was only one concern. The Dodge Ram at the Lampman Group Home did not have the participant's emergency information available in the vehicle.

Surveyors recognize MCE exemplary practice for their Day Habilitation services.

DD staff witnessed an exemplary practice by DH staff (Person K) of being attentive and interactive with the participants. It was also noted that MCE has the exemplary practice of volunteering in the community and promoting inclusion for their participants. During client interviews, two of two participants in wheelchairs (Persons G & H) told DD staff of their need to be repositioned more frequently.

Of all the staff interviews, only one of four staff were able to articulate client specific information.

During observation of Residential Habilitation services at the Lampman home, it was noted by staff that the porch screen door had not been replaced despite a request submitted two months prior. This resulted in an uncomfortable environment upstairs because they weren't allowed to use the fans in front of the door. It was also observed that the chimney is possibly separating from the house, which could be a safety issue. It was an encouraging observation for a participant mowing his own yard, with staff's oversight. The participant was able to articulate his safety requirements for his task. A different participant who was deaf living in this home, expressed concern that he is unable to hear the smoke detector in case of an emergency. The participant requested a modified detector used for the hearing impaired.

Participant C noted she enjoyed her living arrangements and had no complaints.

Participant J voiced a desire to Survey staff that he would like more freedom.

DD staff found that many of the group homes had refrigerators and food cabinets locked. When IPC's were reviewed, it was found that these restrictions were not listed in many of the participants' rights restrictions in their IPC.

In the South 4th Ave home, the garage door was unlocked and had easy access to industrial power tools. In the same home it was an exemplary practice for participants participating in gardening and using raised produce for their cooking preparations.

In the Phoenix home, staff had a concern that in case of a fire, they would not be able to evacuate the participant that is living upstairs.

Participant I was interviewed and requested more frequent contact with his ISC. Participant I requested to become more independent and seek other housing. Also, client had a concern about snow removal in the winter which in his opinion continued to be a health and safety concern for residents living at the Greenview apartments. DD staff also noticed a warning tag attached to a loose wire which indicated for the phone company to be called immediately if the wire was loose or disconnected.

It was observed by the Program Integrity Nurse that there were numerous medication errors, inconsistent monitoring of records, and inconsistent staff knowledge of the medications and their side effects. It was also noted that nursing staff appeared to be practicing prescriptive powers.

DD staff observed and interviewed participants at three vocational sites. No concerns were noted.

Exemplary Practice:

- DD staff recognized an exemplary practice by DH staff of being attentive and interactive with the participants.
- It was also noted that MCE has the exemplary practice of volunteering in the community and promoting inclusion for their participants.

- In the South 4th Ave home, it was an exemplary practice for participants participating in gardening and using raised produce for their cooking preparations.

Suggestions:

- It is suggested that MCE inspect the Lampman Court Home where the chimney is possibly separating from the house, which could become a safety issue.

Recommendations:

- It is recommended that MCE address the concerns voiced by persons G & H to determine their positioning needs. The documentation for the action taken by Magic City Enterprises will be sent to the lead surveyor at the Division by December 15, 2006.
- It is recommended that MCE hold a team meeting to address the concerns of Participant I. The documentation for the action taken by Magic City Enterprises will be sent to the lead surveyor at the Division by December 15, 2006.
- It is recommended that MCE hold a team meeting to address the concerns of Participant J. The documentation for the action taken by Magic City Enterprises will be sent to the lead surveyor at the Division by December 15, 2006.
- It is recommended that MCE follow through with the staff's request for the screen door replacement at the Lampman home. The documentation for the action taken by Magic City Enterprises will be sent to the lead surveyor at the Division by December 15, 2006.
- It is recommended that MCE either change all participants' rights restrictions to include an explanation why they ought to have the food restriction in place, or MCE will remove all locks from general population's foods. The documentation for the action taken by Magic City Enterprises will be sent to the lead surveyor at the Division by December 15, 2006.
- It is recommended that MCE address DD's concern in the South 4th Ave home where the garage door was unlocked and had easy access to industrial power tools. The documentation for the action taken by Magic City Enterprises will be sent to the lead surveyor at the Division by December 15, 2006.
- It is recommended that MCE develop an evacuation plan for any participant In the Phoenix home where staff had a concern that in case of a fire, they would not be able to evacuate the participant that is living upstairs. The documentation for the action taken by Magic City Enterprises will be sent to the lead surveyor at the Division by December 15, 2006.
- It is recommended that MCE review the request of the deaf participant living at the Lampman Group Home, to possibly install a modified smoke detector used for the hearing impaired. The documentation for the action taken by Magic City Enterprises will be sent to the lead surveyor at the Division by December 15, 2006.
- It is recommended that MCE inspect the wire at the North side of the Greenview apartments, which has a warning tag to notify the phone company. The documentation for the action taken by Magic City Enterprises will be sent to the lead surveyor at the Division by December 15, 2006.
- It is recommended that the nursing department at MCE revise their policies and procedures and documentation to ensure safe medication monitoring and education. The documentation for the action taken by Magic City Enterprises will be sent to the lead surveyor at the Division by December 15, 2006.

SUMMARY OF ALL DDD RECOMMENDATIONS

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| <ul style="list-style-type: none">• It is recommended that MCE do a claims adjustment for June 2006 Residential Habilitation Training that was under-billed for participant F.• It is recommended that ISC's monitor actual participant schedules and daily progress, not just an accounting of units billed. This will be checked at next year's site survey.• It is recommended that MCE consistently inform participants and their guardians that any person of their choosing may come to team meetings. Person A's guardian did not know that they were allowed to invite any person to the team meetings. The documentation for what action was taken by Magic City Enterprises will be sent to the lead surveyor at the Division by December 15, 2006. |
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- It is recommended that Day Habilitation documentation match the services provided. This will be checked at next year's site survey.
- It is recommended that ISC documentation match the services provided. This will be checked at next year's site survey.
- It is recommended that MCE follow their policy for CPR/1st Aid for all staff that are required to obtain and verify their certification. This will be checked at next year's site survey.
- It is recommended that MCE file a notice of incident for participant E where a MCE incident report was found that the client was self-neglecting where MCE staff noted being physically sick in his residence. This will be submitted online to the Division's Incident Reporting website at the time of the receipt of this report.
- It is recommended that MCE's policy on incident reporting include all reportable categories and agencies required to be notified. This documentation will be sent to the lead surveyor at the Division by December 15, 2006.
- It is recommended that MCE conduct staff training on the Division's notice of incident, including the electronic submission online. The documentation for the action taken by Magic City Enterprises will be sent to the lead surveyor at the Division by December 15, 2006.
- It is recommended that MCE train staff effectively on client specific rights restrictions. Please send the syllabus and roster to the Lead Surveyor at the Division by December 15, 2006.
- It is recommended that MCE consistently review with participants the complaint and grievance policy and process. The documentation for the plan Magic City Enterprises will implement shall be sent to the lead surveyor at the Division by December 15, 2006.
- It is recommended that MCE consistently follow-up with internal inspections and emergency drills that have identified concerns. This will be checked at next year's site survey.
- It is recommended that all follow-up to the CARF report, likewise be submitted to DDD. This documentation shall be sent to the Lead Surveyor by November 1, 2006.
- It is recommended that MCE address the concerns voiced by persons G & H to determine their positioning needs. The documentation for the action taken by Magic City Enterprises will be sent to the lead surveyor at the Division by December 15, 2006.
- It is recommended that MCE hold a team meeting to address the concerns of Participant I. The documentation for the action taken by Magic City Enterprises will be sent to the lead surveyor at the Division by December 15, 2006.
- It is recommended that MCE hold a team meeting to address the concerns of Participant J. The documentation for the action taken by Magic City Enterprises will be sent to the lead surveyor at the Division by December 15, 2006.
- It is recommended that MCE either change all participants' rights restrictions to include an explanation why they ought to have the food restriction in place, which includes a required team meeting for the participant to change their IPC; or, MCE will remove all locks from general population's foods. The documentation for the action taken by Magic City Enterprises will be sent to the lead surveyor at the Division by December 15, 2006.
- It is recommended that the nursing department at MCE revise their policies and procedures and documentation to ensure safe medication monitoring and education. The documentation for the action taken by Magic City Enterprises will be sent to the lead surveyor at the Division by December 15, 2006.
- It is recommended that MCE complete inspections of their homes with all documented concerns (internally and by the survey team) and complete all follow-up action to address these concerns. The documentation for all action taken by Magic City Enterprises will be sent to the lead surveyor at the Division by December 15, 2006. The following have been identified by the Division during the survey:
 - It is recommended that MCE address DD's concern in the South 4th Ave home where the garage door was unlocked and had easy access to industrial power tools.

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- At the Sycamore Group Home the sidewalk, ramp and steps are crumbling from age. It was recommended that MCE create a plan of action to repair the steps, ramp and sidewalk to this home. Some of the concerns identified have been addressed and repaired. However, it is again recommended that the entry for the Sycamore Group Home be completely repaired to ensure health and safety.
- It is recommended that MCE follow through with the staff's request for the screen door replacement at the Lampman home.
- It is recommended that MCE develop an evacuation plan for any participant In the Phoenix home where staff had a concern that in case of a fire, they would not be able to evacuate the participant that is living upstairs.
- It is recommended that MCE review the request of the deaf participant living at the Lampman Group Home, which is to install a modified smoke detector used for the hearing impaired.
- It is recommended that MCE inspect the wire at the North side of the Greenview apartments, which has a warning tag to notify the phone company.

Lead Surveyor Signature

Lead Surveyor Title

Date _____